

WELL LOG AND DRILLING REPORT

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

Ohio Department of Natural Resources, Division of Water
1939 Fountain Square Drive, Columbus, Ohio 43224 Phone (614) 265-6739

757271

Permit Number 1085

COUNTY PREBLE TOWNSHIP Washington SECTION/LOT No. _____
(CIRCLE ONE)

OWNER/BUILDER TERRY J. Hewitt PROPERTY ADDRESS 2076 Eaton Lewisburg Rd.
(CIRCLE ONE OR BOTH) (ADDRESS OF WELL LOCATION)

LOCATION OF PROPERTY 2076 (South East Side) Eaton Lewisburg Rd. 1830' S of 021st Rd.

CONSTRUCTION DETAILS

CASING Borehole Diameter 6 5/8 in.
☒ Diameter 6 in. Length 44 ft. Wall Thickness 3/16 in. Material Grainulose Volume used 150 lbs.
☐ Diameter _____ in. Length _____ ft. Wall Thickness _____ in. Method of Installation Dry Shovel
 Type: ☒ Steel ☒ Galv. ☐ PVC ☐ Other _____
 Joints: ☐ Threaded ☒ Welded ☐ Solvent ☐ Other _____
 Liner: Length _____ Type _____ Wall Thickness _____ in. Depth: placed from _____ ft. to _____ ft.
SCREEN
 Type (wire wrapped, louvered, etc.) _____ Material _____
 Length _____ ft. Diameter _____ in. ☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
 Set between _____ ft. and _____ ft. Slot _____
GROUT
 Material _____ Volume used _____
 Method of Installation _____
 Depth: placed from _____ ft. to _____ ft.
GRAVEL PACK (Filter Pack)
 Material _____ Volume used _____
 Method of Installation _____
 Depth: placed from _____ ft. to _____ ft.
Pitless Device ☐ Adapter ☐ Preassembled unit
Use of Well House
 Date of Completion 10/1/92

WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

Show color, texture, hardness, and formation:
sandstone, shale, limestone, gravel, clay, sand, etc.

	From	To
Clay & Gravel	0	8
Sand & Clay & Gravel	8	21
Clay & Big Rocks	21	34
Sand & Gravel	34	38
(Green) Soft Shale	38	42
(Brown) Limestone & Tan Limestone	42	48
HARD Blue Green Shale	48	69
HARD Blue Shale	69	71
HARD Blue Shale	71	82
Water at 42-44 & 85	ft.	

WELL TEST

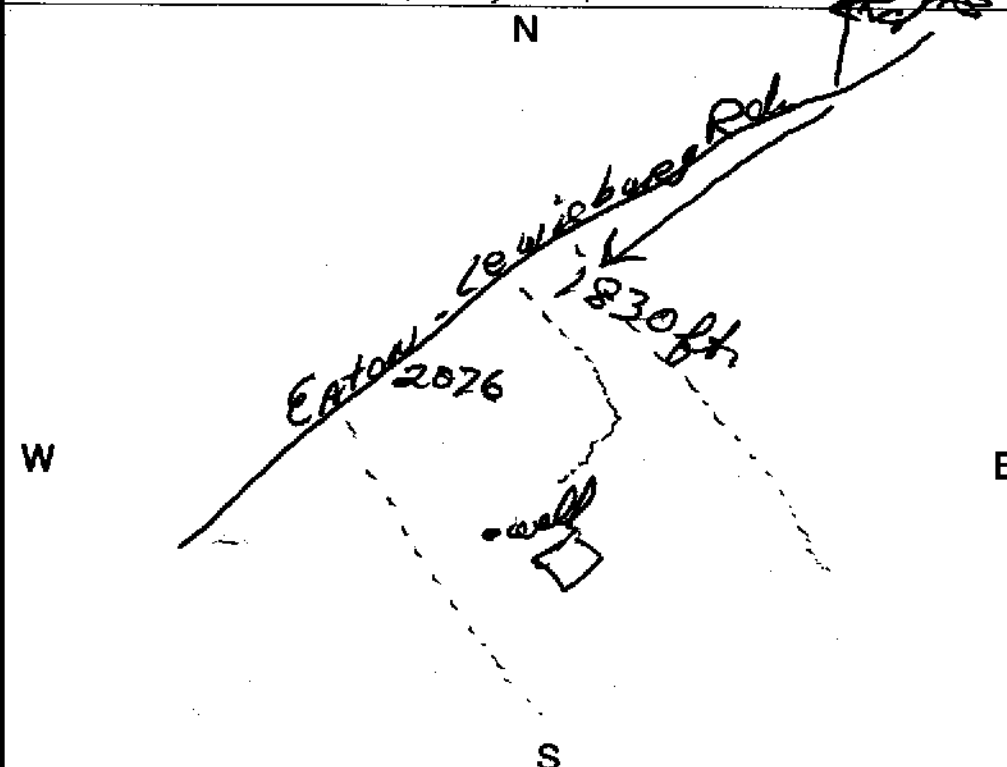
☒ Bailing ☐ Pumping* ☐ Other _____
 Test rate 11 gpm Duration of test 2 hrs.
 Drawdown 8 ft.
 Measured from: ☐ top of casing ☒ ground level ☐ Other _____
 Static Level (depth to water) 30 ft. Date: 10/1/92
 Quality (clear, cloudy, taste, odor) Clear
 *(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump _____ Capacity _____ gpm
 Pump set at _____ ft.
 Pump installed by _____

SKETCH SHOWING WELL LOCATION

Show distances well lies from numbered state highway, street intersections, county roads, etc.



*If additional space is needed to complete well log, use next consecutively numbered form.

Drilling Firm Smith & Sons Signed Terry J. Smith
 Address P.O. Box 32 Date 10/2/92
 City, State, Zip W. Alex. Ohio ODH Registration Number 920

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

ORIGINAL COPY TO - ODNR, DIVISION OF WATER, 1939 FOUNTAIN SQ. DRIVE, COLS., OHIO 43224

Blue - Customer's copy Pink - Driller's copy Green - Local Health Dept. copy